

# Newly Eligible Employee's Deputy Sheriff Benefits Guide

## Welcome to King County!

Here's your new hire guide to deputy sheriff benefits with enrollment forms (pages 17-20). Please review this information with your family. If you have questions, check [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or contact the other resources listed in the Resource Directory (pages 14-15).

Return your completed enrollment forms **within a week after you begin work** to your:

Sheriff's Office Personnel Unit  
King County Courthouse KCC-SO-0100  
516 Third Avenue  
Seattle WA 98104-2312

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or by request from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



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## Nine Key Points

1. King County pays for medical/vision, dental and basic life insurance for you and the eligible family members you enroll, plus basic accidental death and dismemberment (AD&D) insurance for you. You may purchase additional enhanced life insurance for yourself.
2. You need to return your enrollment forms (pages 17-20) **within a week after you begin work** to:
  - Elect a medical/vision plan
  - Elect or decline enhanced life insurance for yourself
  - Designate your insurance beneficiaries
  - Enroll your benefit eligible family members for coverage.
3. Coverage begins the first of the month following your hire date or the first of the month you're hired if your hire date is the first work day of the month. It can take several weeks to process your enrollment and issue your medical/vision card (no card is issued for dental). If you don't receive your card within 30 days, please contact the plan. If you have difficulties getting services, please contact Benefits & Well-Being.
4. To keep costs down, all plan information is posted at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits), but hard copies are available by request from the Sheriff's Office Personnel Unit.
5. Open enrollment every October lets you change coverage effective the following January. However, if you first enroll for benefits in October, November or December you are not eligible for that year's open enrollment and the coverage you elect remains in effect through the following year. During open enrollment you may:
  - Change medical/vision plans
  - Add enhanced life for yourself with evidence of insurability
  - Add eligible family members not previously covered.
6. Any time between open enrollments you may:
  - Drop family members from coverage with appropriate documentation
  - Drop enhanced life for yourself
  - Add eligible family members for coverage if you have a qualifying event. For example:
    - Birth or placement for adoption of a child      - Qualified Medical Child Support Order
    - Placement of a foster child                              - Significant change in your spouse/domestic
    - Marriage or establishment of a domestic              partner's coverage through his/her employment
    - partnership
  - Request continuation of coverage for a child currently enrolled in county benefits past age 23 if the child is chiefly dependent on you for support and maintenance and becomes incapacitated due to a developmental or physical disability before turning 23.
7. You must notify Benefits & Well-Being within 60 days of a qualifying event to change coverage. Otherwise, you may have to wait until the next open enrollment. Get forms at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits).
8. Questions about getting enrolled for benefits? Contact the Sheriff's Office Personnel Unit.
9. Other questions? Refer to the resources listed in the Resource Directory (pages 14-15).

## Benefits That Need No Decisions

You and the eligible family members you enroll automatically receive dental coverage and basic life insurance (\$6,000 for you and \$1,000 for each family member). You automatically receive basic accidental death and dismemberment insurance for yourself. These benefits need no decisions by you except to enroll your eligible family members for coverage (pages 19-20).

Your "no decision" benefits are summarized in this section. For more details, including exclusions, limitations or preauthorization requirements, refer to the plan booklets available at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or contact the other resources listed in the Resource Directory.

### ■ Dental

Your dental coverage is provided through Washington Dental Service (WDS).

WDS increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
<b>Annual deductible</b>	None, but you and each covered family member pay coinsurance (if any), amounts in excess of usual and customary rates (unless you see a participating dentist) and expenses for services not covered.
<b>Annual max benefit</b> (doesn't apply to orthodontic or TMJ services)	\$2,500/person
<b>Covered Expenses</b>	<b>Plan Pays</b>
<b>Diagnostic and preventive services</b> (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70% - 100% based on your incentive level; see dental booklet for details
<b>Basic services</b> (fillings, stainless steel crowns, extractions, root canals, periodontics)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – restorative</b> (crowns, onlays, fixed bridges)	70% - 100% based on your incentive level; see dental booklet for details
<b>Major services – prosthodontics</b> (dentures)	70%
<b>Orthodontic services</b> (for adults and children)	60%, up to a \$2,500 lifetime benefit max
<b>Orthognathic surgery</b>	70% up to a \$5,000 lifetime benefit max
<b>Accidental injury</b>	100%

### ■ Basic Life Insurance for You

You automatically receive county-paid basic life insurance. If you die for any reason, your beneficiaries receive \$6,000.

### ■ Basic Life Insurance for Family Members

The eligible family members you enroll automatically receive county-paid basic life insurance. If your spouse, domestic partner or child (14 days or older) dies, you receive \$1,000.

### ■ Basic Accidental Death and Dismemberment Insurance for You

You automatically receive county-paid basic AD&D insurance. If you die in a covered accident your beneficiaries receive \$6,000 in addition to your life insurance benefit. If you are dismembered or paralyzed you receive an amount that depends on the type of loss.

AD&D insurance is not available to family members.

## Benefits That Need Your Decisions Within a Week After You Begin Work

You must submit enrollment forms (pages 17-20) **within a week after you begin work** to:

- Choose your medical/vision plan
- Elect or decline enhanced life insurance for yourself
- Designate your insurance beneficiaries
- Enroll your benefit eligible family members for coverage.

These "decision" benefits are summarized in this section. For more details, including exclusions, limitations or preauthorization requirements for specific benefit plans, refer to the plan booklets available at [www.metrokc.gov/ohrm/benefits/all/bookacc.htm](http://www.metrokc.gov/ohrm/benefits/all/bookacc.htm) or from the Sheriff's Office Personnel Unit, or contact the other resources listed in the Resource Directory.

### ■ Medical/Vision

King County pays for medical/vision coverage for you and the family members you enroll. You may choose from three plan options. The option you select is the option your family members receive.

The following tables summarize and compare medical/vision plans.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Annual deductible	\$100/person; \$300/family	None	None
Copay/office visit	None	\$5	\$7
After deductible/copays, plan pays most covered expenses at	80% - 100%	100%	100%
Until you reach your annual out-of-pocket expenses of ... then most expenses are paid at 100% for rest of year	\$375/person (excluding deductible)	\$500/person; \$1,000/family	\$1,000/person; \$2,000/family
Lifetime max	\$1,000,000	No limit	No limit
Requires primary care physician (PCP)	No	Yes	Yes
Additional benefits for LEOFF 1 employees with occupational injuries	None	None	100% ambulance services; no emergency room care copay; 100% skilled nursing facility care up to 30 days/condition
Alternative care	Not covered	100% after \$5 copay/visit	100% after \$7 copay/visit
Ambulance services	80%	100%	80% (100% for LEOFF 1 with occupational injuries)
Chemical dependency treatment	\$10,326 max/24 mos (increases 1/1/02 to \$10,500 max/24 mos)	\$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)	\$10,326 max/24 mos (increases 1/1/02 to \$10,680 max/24 mos)
-- inpatient	100%	100%	100%
-- outpatient	100%	100%	100% after \$7 copay/visit
Chiropractic care	100%	100% after \$5 copay when referred by PCP; 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit when medically necessary

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
<b>Circumcision</b>	100%	100%	100%
<b>Diabetes care training</b>	100%	100%	100% after \$7 copay/visit
<b>Durable medical equipment and diabetic equipment</b>	80%	100%	80%
<b>Emergency care</b> (in an emergency room)	80% after \$25 copay (waived for accidental injury, surgery or if directly admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$50 copay/visit if network facility; 100% after \$100 copay/visit if non-network facility; copays waived if admitted or LEOFF 1 with occupational injuries (changes 1/1/02 to \$75 copay/visit if network facility -- waived if admitted; \$125 copay/visit if non-network facility -- waived if LEOFF 1 with occupational injuries)
<b>Family planning</b>	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
<b>Home health</b>	90% up to 130 visits/yr	100% up to 130 visits/yr	100%
<b>Hospice care</b>	90% (the greater of 6 mos or \$10,000 lifetime max)	100% (6-month lifetime max)	100% (limits apply; call plan for details)
<b>Hospital care</b>	80% inpatient and outpatient (inpatient subject to pre-admission approval)	100%	100%
<b>Lab, x-rays and other diagnostic testing</b>	100% physician services; 80% hospital services	100% (includes mammograms, prenatal tests)	100%
<b>Manipulative therapy</b> (including chiropractic services)	See chiropractic care	See chiropractic care	100% after \$7 copay/visit
<b>Maternity care</b>			
<b>-- delivery and related hospital care</b>	100% physician services; 80% hospital services	100% after \$10 copay/pregnancy	100%
<b>-- prenatal and postpartum care</b>	100% physician services; 80% hospital services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit
<b>Mental health care</b>			
<b>-- inpatient</b>	100% up to 8 days/yr	100% up to 30 days/yr; 100% residential and day treatment (also subject to inpatient max; each day of care counts as half an inpatient day)	80% up to 12 days/yr
<b>-- outpatient</b>	50% up to 12 visits/yr	100% after \$5 copay/visit up to 30 visits/yr	100% after \$20 copay/individual, family or couple/visit and \$10 copay/group session up to 20 visits/yr

Plan Feature	Regence BlueShield	PacifiCare HMO	Group Health
<b>Neurodevelopmental therapy</b> (for children age 6 and under)			
-- inpatient	80% up to \$2,000 annual benefit max	100%	100% up to 60 days/condition/yr
-- outpatient	80% up to \$2,000 annual benefit max	100% after \$10 copay/visit up to 60 visits/condition	100% after \$7 copay/visit up to 60 visits/condition/yr
<b>Newborn care</b> (up to at least 3 weeks as mandated by state law)	100% physician services; 80% hospital services	Covered at various levels; call plan for details	Covered at various levels; call plan for details
<b>Physician and other medical and surgical services*</b>	100% physician services in an office, home, hospital or skilled nursing facility; 100% physician services for surgery; 100% lab and x-ray	100% inpatient; 100% outpatient after \$5 copay/visit	100% inpatient; 100% outpatient after \$7 copay/visit
<b>PKU formula</b>	100%	100%	100%
<b>Prescription drugs</b>			
-- network (must use participating pharmacies)	100% after copay (\$7 generic, \$12 preferred brand name or \$24 non preferred brand name); up to 30-day supply at network pharmacies (copays do not apply against deductible)	100% after \$5 copay/prescription or refill; 30-day supply at network pharmacies	100% after \$5 copay/prescription or refill; 30-day supply at Group Health pharmacy
-- mail order	100% after copay (\$14 generic, \$24 preferred brand name or \$54 non preferred brand name); 90-day supply (copays do not apply against deductible)**	100% after \$10 copay/90-day supply	100% after \$5 copay/30-day supply
<b>Preventive care</b> (such as routine exams and immunizations)	100%	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Radiation therapy, chemotherapy and respiratory therapy</b>	100% for radiation and chemotherapy; for respiratory therapy see home health, hospice or hospital care sections	100%	100% after \$7 copay/visit
<b>Rehabilitative services</b>			
-- inpatient	100% up to \$50,000/condition	100%	100% up to 60 days/condition/year
-- outpatient	80% up to \$2,000/yr	100% after \$10 copay/visit up to 60 days or visits/condition/yr	100% after \$7 copay up to 60 visits/condition
<b>Skilled nursing facility</b>	100% up to \$50,000/condition	100% up to 150 days lifetime max/condition (must be in place of a hospital stay)	100% for LEOFF 1 with occupational injuries up to 30 days/condition; not covered for LEOFF 2

\* Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Call the medical plans for more information.



Plan Feature	Regence BlueShield	PacifiCare	Group Health
<b>Smoking cessation -- sessions</b>	75% after deductible; network provider; \$500 lifetime max	100% after \$20 copay/network program (copay increases to \$50 1/1/02)	100% network provider; 1 program/yr max
<b>Smoking cessation -- nicotine replacement</b>	Not covered	100% after \$20 copay for each 4-week supply if prescribed by PCP (90-day treatment max)	100% or \$5 copay/30-day supply (whichever is less) for network program
<b>Sterilization procedures</b>	100%	100%	100% after \$7 copay/visit
<b>Supplemental accident benefits</b>	100% up to \$600/injury (deductible does not apply)	Not covered	Not covered
<b>TMJ</b>	Not covered	Not covered	Up to \$1,000 max/person/yr in plan payments; lifetime max of \$5,000/person
<b>Tooth injury</b>	100% physician/dentist/denturist services; 80% hospital services (up to \$600/injury; deductible does not apply)	100%	Not covered
<b>Transplants</b> (certain transplants/services only)	100% physician and travel expenses; 80% hospital services; (donor organ procurement costs up to \$25,000; travel expenses up to \$2,500/transplant)	100% up to \$500,000 lifetime max	100%
<b>Urgent care</b>	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit
<b>Vision care</b>			
<b>-- eye exams</b>	100% for 1 exam/calendar yr (deductible does not apply)	100% for 1 exam every 12 mos (participating providers)	100% after \$7 copay for 1 exam every 12 consecutive mos (must use Group Health providers)
<b>-- eyeglasses</b> (frames and lenses)	Allowance/lens (max of 2 separate lenses/calendar yr): Single vision \$20 Bifocal \$30 Trifocal \$40 Lenticular or aphakic \$65 Frames (every 2 yrs) \$30	100% for 1 pair of glasses and frames/person/24 mos (participating providers); 100% to max allowable benefit of \$100 (non-participating providers)	Not covered
<b>-- contact lenses</b> (instead of glasses)	Medically necessary, up to \$100/lens provided only for aphakia or if vision is correctable to 20/70 or better only by use of contact lenses; if cosmetic, single lens allowance applies (deductible does not apply)	100% up to \$100 for standard contacts (benefits limited to once every 24 mos)	Not covered

## ■ Enhanced Life Insurance for You

You may purchase additional enhanced life insurance for yourself in the amount of your base annual salary less \$6,000. If you elect this enhanced coverage, you pay the full cost of \$.35/\$1,000 each month (the rate is the same in 2000 and 2001).

For example, if your base annual salary is \$40,000 and you elect enhanced coverage, your enhanced coverage amount is  $\$40,000 - \$6,000 = \$34,000$ . You pay  $\$.35 \times 34 = \$11.90$  each month for this amount.

No evidence of insurability is required if you elect enhanced life insurance when you are first eligible, but evidence of insurability is required if you elect it later, during open enrollment.

## ■ Insurance Beneficiaries

List who you want to receive your life and AD&D benefits in the event of your death. List them in both sections of the Insurance Beneficiary Designation Form (page 18) even if they are the same for both benefits.

You can designate primary and contingent beneficiaries. If your primary beneficiaries are not alive at the time of your death your contingent beneficiaries receive your benefit. If you name multiple beneficiaries in either category (primary or contingent) their shares must add up to 100%.

If you're married and you do not choose to list your spouse as your only primary beneficiary for either life or AD&D insurance, your spouse must sign the Spouse Waiver section of the form.

## ■ Benefit Eligible Family Members

If you list them on the Family Member Enrollment Form (page 19), King County covers these family members under your benefit plans:

- Spouse or domestic partner (Affidavit of Marriage/Domestic Partnership required, page 20)
- Unmarried children of you or your spouse or domestic partner who are:
  - Under age 23 and chiefly dependent on you for support and maintenance (Generally, that means you claim them on your federal tax returns. A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.)
  - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by the plan.

There is no cost to cover family members, but when you cover a domestic partner (DP) and DP's children for health benefits (medical/vision, dental) the IRS taxes you on the value of the coverage. To do this, the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary.

If you do not want to cover a DP and DP's children but want to enroll them for basic life insurance, you may exclude them from health coverage so you won't be taxed. To do so, check the box to exclude them from medical/vision and dental coverage when you list them on the Family Member Enrollment Form.

## ■ Monthly Taxable Values for Domestic Partner Health Benefits

Health Plans	DP Only		DP's Children		DP & DP's Children	
	2001	2002	2001	2002	2001	2002
Regence BlueShield & WDS	\$285.05	\$291.01	\$244.65	\$249.42	\$529.70	\$540.43
PacifiCare & WDS	\$282.55	\$314.27	\$228.93	\$254.63	\$511.48	\$568.89
Group Health & WDS	\$228.98	\$298.72	\$204.50	\$267.87	\$433.48	\$566.89

# A Benefit to Consider Within 30 Days of When Your Other Benefits Begin

## ■ Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or FICA (Social Security) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

King County offers two types of FSAs:

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your health plans (for example, the cost of orthodontia not fully paid by your dental plan and copays for office visits).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Because of the tax advantages available to you, the IRS limits how you can use FSAs and how much you can contribute:

- Under the county plan, the maximum that can be contributed to King County's Health Care FSA is \$3,000 per year. The maximum that can be contributed to a Dependent Care FSA is \$5,000 per year if married filing a joint return or head of household; \$2,500 if married filing separately. The minimum that can be contributed to either FSA is \$300 per year.
- Health Care and Dependent Care FSAs are separate. The money you allocate for one cannot be used for the other and you cannot transfer dollars between accounts.
- Expenses for certain eligible services incurred during the calendar year are reimbursed from an FSA. You have until March 31 of the following year to file reimbursement requests.
- You must use FSA money or you lose it. Any money left in an FSA that cannot be reimbursed is forfeited, so it's important to estimate annual expenses carefully before enrolling and set aside only as much as you expect to spend.
- You cannot use a Health Care FSA to pay expenses you claim as health care deductions on your income tax return.
- Each dollar of dependent care expenses reimbursed through a Dependent Care FSA reduces the amount you can apply toward the federal Dependent Care Tax Credit.
- FSA contributions may affect Social Security benefits. Because you and the county don't pay Social Security (FICA) taxes on the money you contribute, your future Social Security benefits may be reduced slightly.

If you decide to participate in the FSA program, you must enroll **within 30 days of when your other benefits begin.** Otherwise, you must wait for a qualifying event or the next open enrollment (you must reenroll each year at open enrollment to continue participating in FSAs).

For an FSA Guide with additional details and enrollment forms, check [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or contact Benefits & Well-Being.

## Benefits to Consider at Your Convenience

When you're ready, you can take advantage of the other county benefit programs described in this section. For more details, check [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits) or contact the other resources listed in the Resource Directory.

### ■ Deferred Compensation

The King County Deferred Compensation Plan (a 457 plan) is a voluntary supplemental retirement savings program that offers you a convenient way to build your savings for the future while enjoying current tax breaks. The plan allows you to defer a portion of your county pay to a variety of investment options before taxes are deducted. This reduces your taxable pay, providing an immediate tax advantage.

You may withdraw your money (in a lump sum, installment payments or an annuity payment) at retirement or when you leave employment with King County. Withdrawn funds are taxed, but ideally after you've retired and your income and tax liability are less!

For more information and to enroll, contact T. Rowe Price (the plan administrator). You can enroll any time after 60 days of employment.

### ■ Making Life Easier Program

The Making Life Easier Program offers free and confidential personal counseling services (24 hours a day, seven days a week) to you, your dependent family members (whether home or away) and anyone living in your household:

- Up to eight personal counseling sessions with a professional counselor
- Advice on issues ranging from family relationships to substance abuse
- Credit and legal consultation, including up to 30 minutes of free consultation with an attorney
- Child care resource and referral
- Adult and elder care.

### ■ Home Mortgage Assistance

The Making Life Easier Program collaborates with a local mortgage company to offer you a range of homebuying services if you're purchasing and occupying a home within King County:

- Free home-buying classes
- Individual consultation
- Flexible loan qualifying standards
- Reduced loan fees (including no-fee loan approval and reduced closing costs)
- Expedited loan processing
- Extended hours of service.

### ■ Mildly Ill Child Care

The Making Life Easier Program contracts with Virginia Mason's Tender Loving Care (TLC) Program to provide free child care for mildly ill children. For more information and to pre-register for the service (there's a nominal fee if you don't), contact TLC.

### ■ Employee ID/Keycard/Bus Pass

If you're benefit-eligible, you receive a photo ID that can be used as a free bus pass on Metro, Pierce, Community and Sound Transit. The photo ID can also be programmed with keycard functions for access to certain county facilities. To get your photo ID/keycard/bus pass, contact your department ID coordinator or the Department of Construction and Facility Management.

## ■ Employee Transportation Program

The Employee Transportation Program offers a variety of programs in addition to your employee bus pass to help you get to and from work:

- Discounted ferry passes
- Vanpool subsidy
- Carpool, bike and walk incentives
- Ridematching services.

When you commute to work other than by driving alone in a car and an emergency arises (such as unscheduled overtime, an unexpected illness or a missed carpool or vanpool ride home), the Employee Transportation Program also provides a free taxicab ride home -- up to eight times per year -- through Home Free Guarantee.

## ■ Credit Unions

There are two credit unions available to all King County employees:

- King County Credit Union
- MetroPacific Community Credit Union.

# Resource Directory

Questions About ...	Contact ...
<b>Enrollment</b> <ul style="list-style-type: none"> <li>• Benefits</li> <li>• Law Enforcement Officers' and Fire Fighters' (LEOFF) Retirement System</li> </ul>	<b>Sheriff's Office Personnel Unit</b> King County Courthouse KCC-SO-0100 516 Third Ave., Seattle WA 98104-2312 Phone 206.205.7601* ■ Fax 206.205.7608
<b>General Benefits</b> <ul style="list-style-type: none"> <li>• Health and life insurance plans</li> <li>• Flexible Spending Account enrollment</li> <li>• Change forms</li> <li>• Alternate formats</li> </ul>	<b>Benefits &amp; Well-Being</b> Yesler Building YES-ES-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206.684.1556 or 1.800.325.6165 x41556* ■ Fax 206.684.1925 kc.benefits@metrokc.gov ■ www.metrokc.gov/ohrm/benefits
<b>Medical/Vision</b> <ul style="list-style-type: none"> <li>• Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.)</li> <li>• Filing claims</li> <li>• Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<b>Regence BlueShield</b> PO Box 21267, Seattle WA 98111-3267 Phone 206.464.3663 or 1.800.544.4246* www.regence.com  <b>Postal Prescription Services</b> mail order Rx for Regence PO Box 42200, Portland OR 97242-0200 Phone 1.800.552.6694* usmyrrx1@ibmmail.com ■ www.ppsrx.com  <b>PacifiCare</b> PO Box 3005, Hillsboro OR 97123 Phone 1.800.932.3004* www.pacificare.com  <b>Prescription Solutions</b> mail order Rx for PacifiCare PO box 9040, Carlsbad CA 92018-9040 Phone 1.800.562.6223* www.pacificare.com  <b>Group Health</b> PO Box 34585, Seattle WA 98124-1585 Phone 206.901.4636 or 1.888.901.4636* info@ghc.org ■ www.ghc.org
<b>Dental</b> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Filing claims</li> <li>• Other plan details</li> </ul>	<b>Washington Dental Service</b> PO Box 75688, Seattle WA 98125-0688 Phone 206.522.2300 or 1.800.554.1907* cservice@deltadentalwa.com ■ www.deltadentalwa.com
<b>Law Enforcement Officers' and Fire Fighters' (LEOFF) Retirement System</b> <ul style="list-style-type: none"> <li>• General information</li> <li>• Beneficiary changes</li> </ul>	<b>Washington State Department of Retirement Systems</b> PO Box 48380, Olympia WA 98504-8380 Phone 360.664.4700 or 360.586.5450 (TTY) or 1.800.547.6657 recep@drs.wa.gov ■ www.wa.gov/drs/drs.html
<b>Flexible Spending Account Processing</b> <ul style="list-style-type: none"> <li>• Account balances</li> <li>• Reimbursement</li> </ul>	<b>Associated Administrators Inc. (AAI)</b> PO Box 3199, Portland OR 97208-3199 Phone 1.800.334.4340* ■ Fax 1.800.879.8987 flex@aai-tpa.com
<b>Deferred Compensation</b> <ul style="list-style-type: none"> <li>• Enrollment</li> <li>• Changes (beneficiaries, contributions, allocations, etc.)</li> <li>• Quarterly work site seminars</li> </ul>	<b>T. Rowe Price</b> PO Box 17215, Baltimore MD 21297-1215 Phone 1.888.457.5770* rps.troweprice.com/kingcounty/retirementplan/

\* TTY 1-800-833-6388 (Washington Relay Service)

Questions About ...	Contact ...
<b>Counseling &amp; Resource Referral</b> <ul style="list-style-type: none"> <li>• Personal, family and work problems</li> <li>• Financial and legal matters</li> <li>• Child care</li> <li>• Elder/adult care</li> </ul>	<b>Making Life Easier</b> Phone 1.888.874.7290* (24 hours a day, seven days a week)
<b>Mildly Ill Child Care</b>	<b>Virginia Mason's Tender Loving Care</b> Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle WA 98101 Phone 206.583.6521* <a href="http://www.virginiamason.org/dbchildrens/sec2778.htm">www.virginiamason.org/dbchildrens/sec2778.htm</a>
<b>Mortgage Assistance</b>	<b>Home Mortgage Assistance Program</b> Phone 1.888.656.1733* <a href="http://www.metrokc.gov/ohrm/benefits/all/mle.htm#mortgage">www.metrokc.gov/ohrm/benefits/all/mle.htm#mortgage</a>
<b>Employee ID/Keycard/Bus Pass</b> <ul style="list-style-type: none"> <li>• Department ID coordinators</li> <li>• Replacements</li> </ul>	<b>Department of Construction and Facility Management</b> Room 206 at the King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206.296.0104*  Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206.205.8802*
<b>Employee Transportation Program</b> <ul style="list-style-type: none"> <li>• Discounted ferry passes</li> <li>• Vanpool subsidy</li> <li>• Carpool, bike and walk incentives</li> <li>• Ridematching services</li> <li>• Home Free Guarantee ride home</li> </ul>	<b>Employee Transportation Program</b> Yesler Building YES-TR-0600 400 Yesler Way, Seattle WA 98104-2683 Phone 206.263.4575* <a href="mailto:emtrans@metrokc.gov">emtrans@metrokc.gov</a> ▪ <a href="http://www.metrokc.gov/ohrm/benefits/all/etp.htm">www.metrokc.gov/ohrm/benefits/all/etp.htm</a>
<b>Credit Unions</b>	<b>King County Credit Union</b> Multiple locations Phone 1.800.248.6928* <a href="http://www.kccu.com">www.kccu.com</a>  <b>MetroPacific Community Credit Union</b> Multiple locations Phone 1.800.538.0607* <a href="http://www.mpccu.org">www.mpccu.org</a>

\* TTY 1-800-833-6388 (Washington Relay Service)







## Deputy Sheriff Benefits Election Form

Return to Sheriff's Office Personnel Unit, King County Courthouse  
KCC-SO-0100, 516 Third Ave., Seattle 98104-2312

Effective Date (Office Use Only)

**within a week after you begin work.**

Benefits that don't require decisions -- dental, basic life/AD&D -- are not listed on this form.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Soc Sec No \_\_\_\_\_ Work Start Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender ☐ M ☐ F Home Phone (\_\_\_\_\_) \_\_\_\_\_

Home Street Address \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Washington State Retirement System ☐ I have never been enrolled ☐ I was previously enrolled in (plan) \_\_\_\_\_ ☐ I was previously enrolled and retired from (plan) \_\_\_\_\_

■ **Medical** See pages 6-9.

- ☐ (K) Regence BlueShield  
☐ (L) PacifiCare  
☐ (M) Group Health

■ **Enhanced Life Insurance for You** See page 10.

- ☐ Decline  
☐ (1) Accept 1 x base annual salary (minus \$6,000)

■ **Plan Booklets**

- ☐ I can help save printing costs, don't need hard copies and will get the booklets at [www.metrokc.gov/ohrm/benefits](http://www.metrokc.gov/ohrm/benefits)  
☐ I don't have access to the Web and need hard copies mailed to me

*This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit a new enrollment form.*

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Office Use Only: Reviewed \_\_\_\_\_ Data Entered \_\_\_\_\_ Audited \_\_\_\_\_

## Insurance Beneficiary Designation

- List beneficiaries for both life and AD&D, even if your beneficiaries are the same for both.
- Designate your beneficiaries as primary or contingent. Contingent beneficiaries receive benefits if all your primary contingents are not alive at the time of your death. If you don't designate primary or contingent, all beneficiaries listed are primary.
- Assign the percentage of your benefit you would like each beneficiary to receive. Percentages for all primary beneficiaries must total 100% and percentages for all contingent beneficiaries must total 100%. If you don't assign percentages, beneficiaries receive equal shares of your benefit.
- Copy and attach additional sheets as needed.

### ■ Life Insurance Beneficiaries See page 10.

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

### ■ AD&D Insurance Beneficiaries See page 10.

	Name	Relationship	Soc Sec No	Birth Date	Contact Phone	Primary	Contingent	%
1.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

### ■ Spouse Waiver See page 10.

*I am the spouse of the employee who signed this form. As such, I understand that upon the death of my spouse, I may be entitled to receive a plan benefit. I understand that by signing this statement, I hereby consent to the designation of primary beneficiary(ies) other than/in addition to myself and thereby waive my right to full payment upon the death of my spouse.*

Spouse Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

### ■ Employee Authorization

*By signing and dating this form, I designate the above as my beneficiary(ies). I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This may mean legal expenses for beneficiary(ies) and possible delay in payment to them.*

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Soc Sec No \_\_\_\_\_



## Family Member Enrollment Form

Return to Sheriff's Office Personnel Unit, King County Courthouse KCC-SO-0100,  
516 Third Ave., Seattle WA 98104-2312 with your election form  
if you wish to cover eligible family members under your plans.

- List eligible family members for coverage and provide all information for each family member. Please print.
- If you're covering a spouse or domestic partner complete the Affidavit of Marriage/Domestic Partnership, too.
- Some employees may want a domestic partner or domestic partner's children covered for basic life insurance, but excluded from medical/vision and dental coverage. Check boxes are provided for that purpose, but mark them only if you want the family member excluded. See page 10.
- Copy and attach additional sheets if needed.

☐ Check this box if your spouse or domestic partner is also a King County employee.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.
5. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.
6. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.
7. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender ☐ M ☐ F Birth Date \_\_\_\_\_  
☐ Exclude this family member from my medical/vision and dental coverage.

*This form supersedes all previously submitted forms. I have read and understand it and the additional materials describing benefit eligible family members. The information I have provided is true, correct and complete.*

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Soc Sec No \_\_\_\_\_

## Affidavit of Marriage/Domestic Partnership

### ■ Check all boxes that apply

- ☐ Add my spouse or domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage or DPship, but do not add my spouse or DP for benefit coverage at this time.
- ☐ My spouse or DP is also a King County employee.

### ■ Check one of the following boxes and provide date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) \_\_\_\_\_.
- ☐ I (employee) certify my DP (named below) and I began our DPship (date) \_\_\_\_\_ and we:

- Share the same regular and permanent residence
- Have a close personal relationship
- Are jointly responsible for *basic living expenses*\*
- Are not married to anyone
- Are both 18 years of age or older
- Are not related by blood closer than would bar marriage in the State of Washington
- Were mentally competent to consent to contract when our domestic partnership began, and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

\* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a DP paid at least in part by a program or benefit for which the partner qualified because of the DPship. The individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

### ■ Authorization

*I understand this affidavit will no longer be effective if my spouse/DP dies or if there is a change of circumstances attested to in this affidavit.*

*I agree to notify Benefits & Well-Being or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 60 days of such change by filing a Statement of Termination of Marriage/DPship.*

*I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.*

*We understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law.*

*We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law.*

*We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.*

*We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.*

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Soc Sec No \_\_\_\_\_

Spouse/DP Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Spouse/DP Printed Name \_\_\_\_\_